Recertification Report - CARF Accredited Organization

Provider Name		Provider Number	Begin Cert Date	End Cert Date	
EASTER SEALS- GOODWILL NORTHERN ROCKY MTN, INC.		1699811414	9/30/2008	9/30/2009	
Organizational Practices	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	Recommendation (Systemic)	The provider's training documentation does not include the categories of Behavior Plan, Rights Restrictions, Medications, Seizures.	Yes	8/13/2008
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	Recommendation (Systemic)	ofstaff files reviewed had evidence of current CPR/First Aid training (%)	Yes	8/13/2008
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	Recommendation (Systemic)	of files reviewed (%) did not contain evidence of current MANDT certification, per the provider's Restraint policy and Medicaid Rules, Chapter 45, Section 28	Yes	8/13/2008
	Emergency Drills (CARF 1.E.)	Recommendation (Systemic)	Five of five locations had documentation of drills, including documentation of recommendations and follow up when appropriate; however, documentation indicated that drills were not being completed on all shifts.	Yes	8/13/2008
	Emergency Procedures during Transportation (CARF 1.E.)	In-compliance	unknown	No	
	Internal Inspections (CARF 1.E.)	Recommendation (Systemic)	Five of five locations reviewed had documentation of internal inspections, including recommendations when appropriate; however, in the three inspections that identified a need for follow up, documentation did not include follow up.	Yes	8/13/2008
	External Inspections (CARF 1.E.)	Not Reviewed	need to review documentation	No	

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Progress made on p Survey recommenda		With the exception of the issues readdressed in this survey, the provider continues to make progress on recommendations from the previous survey.	No	
Progress made on p Survey recommenda		The Division reviewed this area at the previous site review.	No	
Incident reporting s (Wyoming Medicaid Chapter 45, Section	rules (Focused)	Provider's policy does not include the reportable category of elopement.	No	8/31/2008
Incident reporting s (Wyoming Medicaid Chapter 45, Section	rules (Systemic)	3 of 6 (50%) staff interviewed were able to demonstrate functional knowledge of the Division's notice of incident process.	Yes	8/13/2008
Incident reporting s (Wyoming Medicaid Chapter 45, Section	rules (Focused)	Participant 2's internal incident reports contain a report for 12/17/07 that met the Division's Notice of Incident criteria.	Yes	8/13/2008
Complaint and Griev (CARF 1.D.)	vance In-compliance	The provider's policy meets the applicable standards. The provider reports that no formal grievances or complaints were filed during the past service year.	No	
Rights of Participant (Wyoming Medicaid Chapters 45, Section 1)	rules,	Need to review the provider's policy	No	
Rights of Participant (Wyoming Medicaid Chapters 45, Section Section 1)	rules, (Systemic)	3 of 6 staff inteviewed (50%)were able to demonstrate functional knowledge of the rights restrictions for the participants they were working with.	Yes	8/13/2008
Behavior Plans (Cha Section 29)	apter 45, Not Reviewed	None of the files reviewed during this site survey contained a Positive Behavior Support Plan.	No	
Restraint standards 45, Section28)	(Chapter Recommendation (Systemic)	The provider's Restraint policy met the required standard; however the procedure does not include a tracking system.	Yes	8/13/2008
Transportation Requ (CARF 1.E.9)	Recommendation (Systemic)	?? need to check on the provider's requirements for staff personal vehicle use. need to check on provider's vehicles	No	8/31/2008

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Recertification Report - CARF Accredited Organization

Participant Specific Reviews	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Implementation of Individual Plan of Care (Wyoming Medicaid rules Chapters 41, 42 and 43, Section 8)	In-compliance	In documentation for 6 of 6 files reviewed, and through observation of services, (need to check the last file)	No	
	Releases of Information (CARF 2.B.)	In-compliance	Out of 6 files reviewed, two contained releases of information, both of which met the requirements.	No	
	Emergency Information (CARF 2.B.)	Recommendation (Focused)	Participant 3's Emergency Information sheet was last updated in 2005.	Yes	8/13/2008
	Objectives and goal tracking (Wyoming Medicaid Rules Chapter 41-43)	In-compliance	For 6 of 6 files reviewed, documentation of tracking of goals was present.	No	
	Billing and Documentation (Wyoming Medicaid Rules Chtr. 45 Sect. 27)	Recommendation (Focused)	Participant 6's Residential Habilitation documentation indicates awake and bed times rather than time in and out of the actual service.	No	8/31/2008
	Billing and Documentation (Wyoming Medicaid Rules Chtr. 45 Sect. 27)	Referred to OHCF/MFCU	Participant 1's file indicates billing for In Home Support for January 2008 and February 2008; however, no supporting documentation could be supplied by the provider.	No	
	Billing and Documentation (Wyoming Medicaid Rules Chtr. 45 Sect. 27)	Referred to OHCF/MFCU	For Participant 3's Supported Employment documentation, on four separate weeks of documentation, no year was listed.	No	
Case Management Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Case manager monthly/quarterly documentation meets requirements of Chapters 41, 42 and 43, and DD rule, Chapter 1	Referred to OHCF/MFCU	Participant 2's ICS monthly documentation for March 2008 indicates the date of home visist as 4/2/08. The ISC monthly documentation for April 2008 also lists the home visit date as 4/2/08, and the second side of the documentation form, which should contain the signature, is blank.	No	

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3	Referred to OHCF/MFCU	Participant 1's ISC documentation does not meet the documentation standards: for December 2007, the full participant name is not listed and April 2008's documentation does not contain the ISC's signature.	No	
Team meeting notes (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	For 4 files reviewed for participants who receive case management services through the provider, team meeting notes for annual and 6 month meetings were present and met the standards.	No	
Development and Tracking of Objectives (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	For 4 files reviewed that had case management through the provider, documentation of development and tracking of objectives meets the applicable standards.	No	
Monitoring implementation of the IPC (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	Four files reviewed for participants receiving case managment services from the provider contained documentation of monitoring the plan of care.	No	

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Residential Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Organization maintains a healthy and safe environment – all service settings (CARF 1.E.10 Chapter 45, Section 23)	Recommendation (Systemic)	The agency maintains a healthy and safe environment in all service locations with the exception of the following: *Residence #1 had five wasp nests attached to the house and the carbon monoxide detector was not functional. Packaged food was stored on the floor of the pantry *In Residence #2, the keys for the medication cabinet are stored within reach and within sight of any persons in the home. *In Residence #3: -A piece of the electrical plate cover in the hallway is missing. In Participant 7's bedroom, the smoke detector was not functional. The air conditioner exhaust hose (in another bedroom of the home)makes contact with a night light which presents a potential fire hazard. In Participant 9's bedroom, there is damage to the drywall under the window, (resulting in a hole in the wall). ?? check on the external inspection for the garage/check on chemicals *For Residence #4: The downstairs bathroom towel bar is missing and the remaining bracket presents a potential hazard Packaged food was stored on the floor of two pantries According to the posted emergency plans in the house and through staff reports, participants are not currently receiving training or practicing drills using alternative egress exits, (windows).	Yes	8/13/2008

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Recertification Report - CARF Accredited Organization

Organization meets CARF Standards on Community Housing (CARF Section 4.J)	In-compliance	The provider is in compliance in this area, unless otherwise noted in this report.	No
Organization meets CARF Standards for Supported Living (CARF 4. K.)	Not Reviewed	This service area was not reviewed.	No
The organization meets the standards in Chapter 45, section 23)	In-compliance	The provider is in compliance in this area, unless otherwise noted in this report.	No
Other rule or standard, Standards for Community Integration (CARF 2008-4.J.2)	In-compliance	Through participant observation and interview, participants expressed satisfaction with the degree community access and integration.	No

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Date: 7/29/2008